

## Department of Economic Development INCENTIVES APPLICATION FORM

The City of El Paso requires the following information in order to process an application for incentives. This information is protected by the State of Texas and is not subject to public disclosure until the incentive agreement is executed. An application does not guarantee an incentive grant.

CTION A. COMPANY								
Official Name and Addres	s of Company	/:						
Name of Contact Person:		-						
		Phone (	)			Fax (	)	
CTION B. PROPOSEI	D PROJECT I	INFORMAT	ION	_	_	_	_	_
Name and Address:								
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Company NAICS Code								
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7		Insurance	_
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•	What type of Health insurance will the company offer employees? What percentage of Healthy insurance will the
	company pay?

## SECTION D. INVESTMENT INFORMATION

8. Total dollar amount for proposed project improvements:

Real Property	
Land	\$
Existing Building Improvements	\$
New Building Improvements	\$
<u>Total</u>	\$
Personal Proper	ty
Equipment	
Computers	\$
Machinery	\$
Other- Specify(attach additional sheets if necessary)	\$
Furniture and Fixtures	\$
<u>Total</u>	\$
Grand Total	\$

9. What is the present year Central Appraisal District appraised value on:

	Real Property	\$	Personal Property	\$
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9.	Please provide timeline for proposed project:

## SECTION E. CERTIFICATION

I hereby certify that the information contained on this application is true	and correct.
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Name and Title of Officer of Company:	
Signature:	

<sup>\*</sup>Please submit Paperwork to certify Health benefits, which will be offered to employees

**Return Completed Application to:** 

Eddie Garcia
Garciaez2@elpasotexas.gov
Business Services Coordinator
Economic & Int'l Development Department
801 Texas Ave. 2<sup>nd</sup> Floor
El Paso Texas, 79901